STATEMENT OF
JOE FRANK, PAST NATIONAL COMMANDER
THE AMERICAN LEGION
BEORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE NATIONAL CARES PLAN

AUGUST 18, 2003

Mr. Chairman and Members of the Commission:

Thank you for the opportunity to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 15. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately $1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- Adequate funding for the implementation of the CARES recommendations.
- Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VISN 15 - CENTRAL and WESTERN MARKETS

Central Market

The Central Market of VISN 15 is served by VA medical centers in Kansas City and Columbia, Missouri; and Leavenworth and Topeka, Kansas (the Eastern Kansas Health Care System).

The Draft National CARES plan proposes to continue the Secretary's Advisory Board recommendations stemming from 1998. The Board was created prior to the creation of

CARES to consider possible realignments within VISN 15. The comprehensive plan in progress today calls for realignment and consolidation of services between Topeka and Leavenworth. Included in the realignments are the nursing home care unit, psychiatry and outpatient surgery. Leavenworth is to maintain it's acute care beds and provide additional primary care capacity for Kansas City. The American Legion does not oppose the continued consolidation of services in this area. However, in November 2002, National Commander Ron Conley visited the Topeka Division. At that time, they reported staff shortages, especially Dermatologists and Audiologists. Staff shortages are not unique to this VISN, rather, a significant problem for the entire Department of Veterans Affairs. The American Legion remains concerned with the problem of staff shortages. Given the increased demand projected throughout this VISN in primary care and specialty care over the next 10 years, staff shortages will remain a critical issue.

The original VISN Market Plan submitted in April, 2003, proposed to open a Community Based Outpatient Clinic (CBOC) to help meet the projected demand increase in outpatient primary care, however, the draft National Plan does not include this proposal. The draft plan relies on community contracting of needed services. The American Legion disagrees with the contracting of care on such a wide scale. While we understand the need to do so in some instances, the wholesale use of contracting for care should be avoided. Veterans should be able to receive their care in a VA hospital. They know they will receive quality care and fair treatment at a VA facility.

Inpatient workload is proposed to be met through a combination of in-house and community contracts. The community may not have the resources to provide these services. Is there an alternative in the event the community cannot provide the needed inpatient services?

There is a project proposed at Leavenworth campus that would rehabilitate 39 historic buildings for different uses, including an assisted living facility. This would involve an enhanced use lease. Enhanced use leasing is a very long, drawn out process that needs to be streamlined. Currently, it takes three to four years to get a project going, when in fact it should take less than half that time. Any proposed project to rehabilitate buildings at the Leavenworth Campus should be undertaken expeditiously.

The American Legion supports the proposal to expand the Leavenworth National Cemetery.

Western Market

VISN 15 Western Market consists of 59 rural counties, with 24 of them designated as highly rural. The Western Market is serviced by one VA Medical and Regional Office Center in Wichita, Kansas. The medical center is a medical resident teaching hospital with a strong affiliation with the University of Kansas School of Medicine at Wichita.

CARES projected significant growth in this market for primary care. To address the increase, the VISN proposed to increase capacity at the five existing CBOCs, and

establish a new CBOC in Hutchinson, Kansas in the year 2008. However, the Draft National Plan does not include this CBOC, and in fact only 48 CBOCS, out of over 200 proposed by the VISNs, were accepted in the national plan. Once again, VA expects to contract out to meet the workload increase. The medical center does not have sufficient capacity to address the majority of the forecasted demand.

Outpatient specialty care in the West Market is expected to grow by 188% by 2012 and 156% in 2022. Those are significant increases that are not adequately addressed. The current strategy is to use a combination of in-house and contract/fee services to stem the tide. This is not a real plan. If those increases are accurate, trying to access medical care services in the future will be a disaster for those veterans in the West Market.

Finally, The American Legion is concerned about funding. CARES is a very expensive undertaking. There is no mention of a priority plan to accomplish the proposed construction and renovation. Many of these projects are years away from fruition. Given the current budget climate, and knowing the history of VA funding, the likelihood of adequate funding to implement these proposals is not very high.

Again, I appreciate the opportunity to appear before you today.

MISSOURI STATE COUNCIL
VIETNAM VETERANS OF AMERICA
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STATEMENT FOR THE RECORD

Of

Vietnam Veterans of America
Missouri State Council

Submitted by

Ron Adams
Acting Chief Service Officers

Before the

CARES Commission

Regarding

Draft National CARES Plans

Presented At

Leavenworth VA Medical Center Theater

August 19, 2003

Good morning, my name is Ron Adams, I am the Acting Chief Service Officer, Vietnam Veterans of America (VVA), Missouri State Council. Thank you Chairman Alvarez and your colleagues for the opportunity to testify today at the Leavenworth VA Medical Center Theater, regarding the Draft National CARES Plan for the delivery of health care to veterans who utilize VISN 15 in Leavenworth, Kansas for care and treatment.

The original concept for assessing the real-estate holdings and plans for the disposition of "excess" properties of the Department of Veterans Affairs makes sense. No one wants to see money being wasted, money that could be better spent on rendering real health care to veterans. There is no question that the VA has so many buildings at various facilities that are expendable.

Vietnam Veterans of America (VVA), Missouri State Council believe that this process has strayed from its original intent, and we have grave misgivings about the proposed market plan before you, for VISN 15, whether or not the draft plans provide for adequate staffing and training of qualified physicians and medical personnel to treat our veterans. We are sad to inform you that there is only one Geriatric Physician to work the clinics and one for the wards at the Columbia (Truman) Hospital, there are also rumors that the VA in Wichita is attempting to hire Optometrists to perform laser surgery because they don't have a qualified Ophthalmologist on staff. If the VA intends to do this, they will be in violation of Kansas Statue No. 65-1501(b)(2), which specifically states that the "practice of optometry shall not included the performance of surgery, including the use of lasers for surgical purposes".

Mr. Chairman, I am afraid that the VA is stepping in grave waters, and will endanger the care of our already sick and disabled veterans. You mean to tell me there are NO qualified Ophthalmologists in the state of Kansas?

We are also concerned about the realignment of the Leavenworth Kansas facility as accepted by the VA Under Secretary of Health and want to ensure that the inclusion of PTSD/Substance Abuse counseling and Spinal Cord Injuries in this proposed realignment. Both were omitted from the Draft National CARES Plan.

In conclusion, we feel that decisions made within the context of the proposed Draft National CARES Plan will effectively close beds, cut staffing, compromise services, and damaged the VA's ability to respond to emerging needs of veterans. We believe that this effort, no matter how well intended, will in many instances prove to be counterproductive and ultimately costly to rectify.

Mr. Chairman, thank you for the opportunity to address the commission on behalf of Vietnam Veterans of America (VVA) Missouri State Council. I will be more than happy to answer any question that the commission may have.

Comments to the C.A.R.E.S. Commission at the Eastern Kansas Health Care System
Eisenhower, V.A. Center, Leavenworth, Kansas, 18 August 2003

Members of the Commission:

I am Jack Walker, Deputy to the Garrison Commander at Fort Leavenworth, a military retiree veteran, and a user of the system. I am representing primarily, the active duty force, but as a veteran and a Commissioner on the Kansas Commission on veterans Affairs, the concerns of many of the 240,000 veterans in the state of Kansas and many more veterans along the western border of Missouri and the I- 29 Corridor north to Iowa and Nebraska.

First I would like to welcome you to our community and that served by the Eastern Kansas Health Care System. We believe we are an integrated system of two hospitals, one in Topeka and ours in Leavenworth, backed up by larger facility in Kansas City that provides a coordinated continuum of healthcare to veterans and active duty soldiers.

As you know, there are four pillars of the V.A. Healthcare System. The provision of healthcare to veterans is a topic about which others will comment more fully. However, we believe that our Eastern Kansas primary and secondary care is complementary to the tertiary care provided by the Kansas City facility. The teaching pillar our system provides is a splendid opportunity for doctors in training to benefit from the teaching regimen that is on going at both our facilities. The on-going agreements with the Kansas University Medical Center is an outstanding model from which other can learn and from which our veterans derive great benefit. Although not a research center, the variety of patients seen still allows our medical staff to learn and to develop new ideas that could someday play heavily in the research mode. I would like to concentrate on the fourth pillar, support to the DOD and active duty healthcare.

Both of the hospitals in the Eastern Kansas Healthcare Network are close to active duty military bases. Fort Riley about 60 miles from Topeka VAMC and Fort Leavenworth about 8 miles from Leavenworth VAMC. Although Fort Riley has a hospital, many of their patients go to Topeka for specialty care not available at the military hospital. Fort Leavenworth has only a clinic and relies on the Leavenworth VA for all of the after hours care required by the active duty soldiers at that installation.

The proximity of the Leavenworth facility to Fort Leavenworth makes it ideal for the support role, Soldiers who are in need of care beyond the scope of the clinic or after duty hours can easily reach the Leavenworth facility for the requisite care modalities. The location also makes it easy for the commanders to visit the soldiers and meet their leadership responsibilities. Psychiatric Care is available and is used regularly, by both forts. In FY 2002, the active duty military reflect a

respectable usage of 1950 visits, 390 of which were to Topeka and 1560 to the LeavenworthVA for an average of approximately 150 per month. For FY 2003 thru 30 Jun there were 2081 visits, with 231 to Topeka and 1850 to Leavenworth for an average thus far of approximately 220 per month. As can be surmised, the loss of either hospital would be a severe blow to the military members in the catchment area.

Recently, the bond between the local hospital and the military has been strengthened by the signing of an agreement that will provide increased customer convenience for the military. Both retirement physicals and disability determination physicals can be accomplished at the local hospital, thus precluding the retirement physical being taken on post and the disability determination physical having to be undertaken at the Kansas City hospital an hour's drive away.

This is the cooperative norm, rather than the exception. Many of those doctors stationed at Fort Leavenworth are credentialed to the Leavenworth VA. As such they can perform in their specialties even while assigned to a clinic. Skill maintenance by these physicians means that not only do they stay current, but they can be assimilated back in their specialties quickly when they are reassigned to other military facilities where they can practice their skills on a daily basis in a hospital environment. The potentials for synergistic relationships are almost endless, but will be lost if the Leavenworth VA were not here and operational. Time and distance would simply preclude this synergy in any other VA facility.

The availability of the Leavenworth facility is essential to the support of the DOD.

Eastern Kansas Health Care Leadership has made major strides in understanding the veteran needs in the area that it serves. An Advisory Board was formed and met to discuss and make recommendations that could improve the efficiency and effectiveness of the two facilities in that System. That committee has met regularly, studied the issues and made recommendations that were submitted to and approved by the VISN and are now being implemented. The composition of that Board insured that there was representation for all the areas in the geographic area covered and from all groups affected by the decisions. There is an excellent spirit of cooperation between the leadership of the VISN and the Eastern Kansas Healthcare System and the constituents who either use or are eligible to use the facility.

Although the Kansas City Hospital is under 60 miles distance from Leavenworth and just over 60 miles from Topeka, the role of the two local hospitals is not diminished. The primary care provided obtains high-marks as do the reviews from the Joint Commission. The excellence of care from the Topeka and Leavenworth hospitals to veterans and active duty personnel has been significant to the military in the past and are expected to create an environment for ever stronger relationships and support in the future.

I thank you for your respectful attention and stand ready to answer such questions as you may have. Thank you again.

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